

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 37

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>39 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>307 Oakland St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) <u>Clay</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 9 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>1-3-1915</u>		9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisburg, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>May Calvin Long</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Gertrude Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Marie Shields Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>486-20-2823</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chester Long, Fayette, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound of head</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abscission frontal lobes</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bourbon Boone Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 9 54 5³⁰ p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Placed shotgun muzzle in mouth</u>	

22. I hereby certify that I attended the deceased from 11/9 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry H. Sweet JMD Coroner</u>		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>11/10/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perche Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Boone County Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 12-1954</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. SUPERVISOR'S SIGNATURE ADDRESS <u>Debra Surgeon, Maud</u>	
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NOV 16 1954

NOV 22 1954

DEC 15 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bill J. Medlar

Licensed Embalmer No. 4876

P. O. Address Sturgeon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.